PATENT APPLICATION FEE DETERMINATION RECOR										piicatioi i	01 1	OCKEL NUII		
Effective October 1, 2003								10717984						
CLAIMS AS FILED - PART I (Column 1) (Cotumn 2)								MALL YPE	EN	TITY	(THAN	
TOTAL CLAIMS (Column 2)							<u> </u>	RATE	<u> </u>	FEE	-OH	SMALL		
FC	DR		NUMBER	EILED .	NUMBER EXTRA			BASIC F	-	385.00		RATE BASIC FEE	FEE	
<u> </u>	TAL CHARGE	ARITE CLAIMS			. d				\dashv	303.00	IOR	DASIC FEE	770.00	
╟─			<i>C</i>		*	9		X\$ 9=		* .	OR	X\$18=	-	
 	DEPENDENT C	· · · · · · · · · · · · · · · · · · ·	minus 3 =					X43=			OR	X86=	86	
M	THE DEPEN	NDENT CLAIM P	RESENT		·	+145			_ [OR	+290=	·	
* 11	* If the difference in column 1 is less than zero, enter "0" in column 2									*************************************	į i	· TOTAL *	86 (
	C	LAIMS AS A	TOTA	L			OTHER	THAN						
 	(Column 1) (Column 2) (Column 3							SMAL	LE	NTITY	OR	SMALL		
AMENDMENT A	-	CLAIMS REMAINING		HIGH	BER	PRESENT		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO PAID I		EXTRA	HAII			FEE		HAIE	FEE	
Įģ	Total	*	Minus	**		· =		XS 9=			OR	X\$18=		
4ME	Independent	*	Minus	***		=		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+			.000		
							+145=			OR	+290= TOTAL			
		(Column 1)	(Caluma 2) (Caluma 2)				Al	DDIT. FE			OR.	ADDIT. FEE	L	
IENDMENT B		(Column 1) CLAIMS		(Colun	EST	(Column 3)	1 г		Т	ADDI-			ADDI-	
		REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID I	FOR		-		╁	FEE			FEE	
	Independent	* .	Minus	***		\ =	} -	X\$ 9=			OR	X\$18=		
AM		NTATION OF MU			CLAIM	<u> </u>	{	X43=			OR	X86=		
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ပ		REMAINING]	. ⊢IGHE		PRESENT	15		T	ADDI-	1		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	T	IONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		XS 9=	1		00	X\$18=		
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⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	1		OR	X86=		
	Cabon and			_				+145=			OR	+290=		
* If the entry in ociumn 1 is less than the entry in column 2, write 101 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 13." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 13."											OR A	TOTAL ADDIT FEE		
	i the Highest Nur The Highest Nurr	mber Previously Pa Iber Previously Pai	aid For" IN T <u>HI</u> d For" (Total oi	S SPACE is Independe	iess thannt) is the	n 3. enter "3 " highest number	-			priate box			- 3	
												_	-	